PTC/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Inder the Paperwork Reduction Act of 1995, no persons are required to rescond to a collection of information unless it displays a valid CMB control number Application Number 09/812.443 TRANSMITTAL Filing Date MARCH 20, 2001 CENTRAL FAX CENTER **FORM** First Named Inventor GARRETT Art Unit 2151 **Examiner Name** DINH (to be used for all correspondence after initial filing) Attorney Docket Number 2000-01848 Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Licensing-related Papers Fee Attached of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Amendment/Reply Petition Petition to Convert to a Proprietary Information After Final Provisional Application Power of Attorney, Revocation Status Letter Affidavits/declaration(s) Change of Correspondence Address Other Enclosure(s) (please Identify Terminal Disclaimer Extension of Time Request below): CREDIT CARD PAYMENT FORM Request for Refund Express Abandonment Request CD. Number of CD(s) Information Disclosure Statement Landscape Table on CD **Certified Copy of Priority** Remarks Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name CHARLES A. RATTNER Signature Printed name CHARLES A. RATTNER Date Reg. No. JANUARY 27, 2005 40,136 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Signature CHARLES A. RATTNER (PTO REG. NO 40,136) Date **JANUARY 27, 2005** Typed or printed name

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of the a collection of information undersit displays a valid OMR outstal number.

FEE TRANSMITTAL FOR FY 2005 Application Number D9/312,443	Effective on 12		Complete If Known			
FOR FY 2005 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2151 Art Unit 21		Application Number	Application Number 09/812,443			
Examiner Name DINH Art Unit 2151 Attorney Docket No. 2000-0184B METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 502396 Deposit Account Name: AXIOM LEGAL SOLUTIONS For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge feets) indicated below Creater feets indicated below, except for the filling feet under 37 CFR 1.16 and 1.17 WARRING: Under 41 CFR 1.52(e), 15 cFR 1.52(e)	FEE TRAN	Filing Date				
Examiner Name DINH Art Unit 2151 Attorney Docket No. 2000-0184B METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 502396 Deposit Account Name: AXIOM LEGAL SOLUTIONS For the above-Identified deposit account, the Director is hereby authorized to: (check all that apply) Charge feets) indicated below Create feets) indicated below, except for the filling feet under 37 CFR 1.16 and 1.17 WARRING Under ST CFR 1.16 and 1.17 WARRING Indicated below Credit card information should not be included on this form. Provide credit card information and entropretation on PTO-208. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Design 200 100 100 50 130 65 Plant 200 100 300 150 500 250 600 300 Plant 200 100 100 50 130 65 Plant 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	For FY 2005		First Named Inventor	·		
Art Unit 2151 Attorney Docket No. 2000-0184B METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Nember 602396 Deposit Account Name AXIOM LEGAL SOLUTIONS For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Charge fee(s) Charge fee		Examiner Name				
METHOD OF PAYMENT (\$) 180.00 Attorney Docket No. 2000-01848 METHOD OF PAYMENT (check all that apply) Check	Applicant claims small entity s	tatus. See 37 CFR 1.27	Art Unit			
Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 502396 Deposit Account Name: AXIOM LEGAL SOLUTIONS For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge arry additional tee(s) or underpayments of fee(s) Charge fee(s) indicated below, except for the filling fee Charge arry additional tee(s) or underpayments of fee(s) Credit arry overpayments WARNING: Information on this form may become public. Credit card information aboutd not be included on this form. Provide credit card information and authorization on PTO-2638. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FEE (1) Fee (3) Fee	TOTAL AMOUNT OF PAYMENT	(\$) 180.00	Attorney Docket No.			
Deposit Account Deposit Account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Index 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information aboutd not be included on this form. Provide credit card information and authorization on PTO-2439. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SEARCH FEES SEARCH FEES Semail Entity Fee (3) Fee (
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee The charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information aboutd not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Small Entity Small Entity See (3) Fee (4) Fee (3) Fee (4) Fee (Check Credit Card Money Order None Other (please identify):					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee The charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information aboutd not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Small Entity Small Entity See (3) Fee (4) Fee (3) Fee (4) Fee (Deposit Account Deposit Account Number: 502396 Deposit Account Name: AXIOM LEGAL SOLUTIONS					
Charge any additional fee(e) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (3) F	· · ·		•			
Charge any additional fee(e) or underpayments of fee(s) WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (3) F						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION			ter/s =		w, except for the mind les	
## FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity Fee (3) Fee (3) Fee (5) Fee (6) Fee (6) Fee (7) Fee (7) Fee (7) Fee (8)	under 37 CFR 1.16 and 1.17					
Search S			Internation stouts for be in	CIMORO OII LINE IC	NIN. PTOVIDE CIEDAL CARD	
FILING FEES Small Entity Fee (\$) Fee (FEE CALCULATION					
Application Type	1. BASIC FILING, SEARCH, A	ND EXAMINATION FEES	3			
Application Type Fee (\$) Fee (FILI					
Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claims 50 180 Multiple dependent claims Fee (\$) Fee Paid (\$) Multiple dependent claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50	Application Type Fee					
Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Bach claim over 20 (including Reissues) Each independent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small emity) for each additional 50	Utility 300	150 50	250 20	0 100		
Reissue 300 150 500 250 600 300 Provisional 200 100 0 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$)	Design 200	100 10	50 13	0 65		
Provisional 200 100 0 0 0 0 2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	Plant 200	100 30) 150 16	0 80	,	
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)	Reissue 300	150 500	250 60	0 300		
Fee (\$) Fee (\$) Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	Provisional 200	100	0 .	0 . 0		
Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50	Fee (\$) Fee (\$)					
Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims Fee (\$) Fee Paid (\$) The properties of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small emity) for each additional 50						
-20 or HP = X	•		360	0 180		
HP = highest number of total claims peld for, if greater than 20. Indep. Claims		Claims Fee (\$)	ee Paid (\$)			
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) -3 or HP = x HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small emity) for each additional 50		x =		<u>Fee</u>	(\$) <u>Fee Paid (\$)</u>	
 APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 	Indep. Claims Extra C	Claims Fee (\$) F	ee Paid (\$)			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50	· · · · · · · · · · · · · · · · · · ·	daims paid for, if greater than 3.				
	If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer					
				or small entity) for each additional 50	
sheets or fraction thereof. Sec 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)						
- 100 = /50 = (round up to a whole number) x =						
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): Fee for IDS submission 180.00						
UBMITTED BY / , Y } , I						
ignature ((A) (A) Registration No. 10 to Telephone 200 0000	Signature (A)			Tel	ephone and est outs	
(Attorney/Agent) 40,136 203.602.9858 ame (Print/Type) CHARLES A. RATTNER Date JANUARY 27, 2005	(Attorney/Agent) 40,136					

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.